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maintenance fee notifica	tions.			•	; and/or (b) indicating a sepa	
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Dickinson Wri James E. Ledbet International Squ	ter, Esq. uare		Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.			
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						(Date)
APPLICATION NO.	FILING DATE		FIRST NAMED INVENT	OR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/591,850	09/05/2006		Makoto Nakamura		1.8462.06116	3324
TITLE OF INVENTION RECEIVING CIRCUIT	N: RECEIVING CIRCU	IT, AND RECEIVING	APPARATUS AND TI	RANSMITTING/REC	CEIVING APPARATUS US	ING THE
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DU	E PREV. PAID ISSU	E FEE TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1510	\$300	\$0	\$1810	02/17/2009
EXAM	INER	ART UNIT	CLASS-SUBCLASS			
NGUYEN, DUC M		2618	455-296000			
CFR 1.363). Change of corresp Address form PTO/SI "Fee Address" ind PTO/SB/47; Rev 03-0 Number is required. ASSIGNEE NAME A	ND RESIDENCE DATA	nge of Correspondence "Indication form and Use of a Customer A TO BE PRINTED ON	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. THE PATENT (print or type)			
(A) NAME OF ASSIG			(B) RESIDENCE: (CI	ΓΥ and STATE OR (ee is identified below, the d	ocument has been filed for
Please check the appropr	iate assignee category or	categories (will not be pr	rinted on the patent):	☐ Individual	orporation or other private gre	oup entity Government
Advance Order - 4	To small entity discount p	permitted)	 A check is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 04-1061 (enclose an extra copy of this form). 			
	tus (from status indicated s SMALL ENTITY state	*	☐ b. Applicant is no l	onger claiming SMA	LL ENTITY status. See 37 C	FR 1.27(g)(2).
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Authorized Signature / James Edward Ledbetter/			Date January 22, 2009			
Typed or printed nameJames E. Ledbetter			Registration No. 28,732			
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